

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000000906

1. Entity Name
WEA BRANDON I GP, LLC



Principal Place of Business
11601 WILSHIRE BLVD., 12TH FLOOR
ATTN: LEGAL DEPT.
LOS ANGELES, CA 90025

Mailing Address
11601 WILSHIRE BLVD., 12TH FLOOR
ATTN: LEGAL DEPT.
LOS ANGELES, CA 90025



03022005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3039848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WESTFIELD GROWTH LP
STREET ADDRESS	11601 WILSHIRE BLVD., 12TH FLOOR
CITY - ST - ZIP	LOS ANGELES, CA 90025

TITLE	
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STREET ADDRESS	
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CITY - ST - ZIP	

000000308160
04/13/05-BU102-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/05 (310) 445-2426

Date

Daytime Phone #